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HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
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TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Martyn	Tobias	M.	537-8070
MAILING ADDRESS (Street)			FAX
111 South King Street			538-4236
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Bank of Hawaii			537-8580
MAILING ADDRESS (Street)			FAX
111 South King Street			537-8440
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Stafford Kiguchi			537-8580
MAILING ADDRESS (Street)			FAX
130 Merchant Street, Suite 1180			537-8440
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

JAN 12 2007

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Allan R. Landon

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Chairman, Chief Executive Officer & President

NAME OF ORGANIZATION (if applicable)

Bank of Hawaii

TELEPHONE

538-4728

MAILING ADDRESS (Street)

130 Merchant Street, Suite 1180

FAX

537-8440

(City)

Honolulu,

(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Allan R Landon

(Signature of Authorizing Officer or Person Represented)

Jan. 16, 2007

(Date)